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PS Form 3800, August 2006 See Reverse for Instructions

COUNTY OF SAN MATEO

REDWOOD CITY, CALIFORNIA

45311AL

64

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

4100

1880

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1. NAME OF DECEASED—FIRST NAME GILBERT		2. DATE OF DEATH—MONTH DAY, YEAR June 30, 1977	
3. SEX Male		4. COLOR OR RACE White	
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		6. DATE OF BIRTH 1-20-1904	
7. AGE (LAST BIRTHDAY) 73 YEARS		8. HOUR 4:00 P.	
9. NAME AND BIRTHPLACE OF FATHER Frank L. Wedertz—California		10. MAIDEN NAME AND BIRTHPLACE OF MOTHER Lyna May Sawyer—California	
11. SOCIAL SECURITY NUMBER 557-52-3765		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
13. LAST OCCUPATION Ret. Teacher		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Margaret Ellis	
15. NUMBER OF YEARS OR THIS OCCUPATION 35		16. KIND OF INDUSTRY OR BUSINESS Education	
17. NAME OF LAST EMPLOYING COMPANY OR FIRM Burlingame High School		18. CITY OR TOWN Burlingame	
19. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 753 Plymouth		20. CITY OR TOWN San Mateo	
21. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 753 Plymouth		22. CITY OR TOWN Burlingame	
23. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		24. NAME AND MAILING ADDRESS OF INFORMANT Margaret Wedertz	
25. CITY OR TOWN San Mateo		26. CITY OR TOWN Burlingame	
27. STATE California		28. ZIP CODE 94010	
29. PHYSICIAN OR CORONER William L. ...		30. ADDRESS 121 ...	
31. DATE 7-5-77		32. EMBALMER—SIGNATURE (IF EMBALMED) LICENSE NUMBER Keith B. ... 4076	
33. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Crosby-N. Gray & Co.		34. LOCAL REGISTRAR'S SIGNATURE George Pickett MD	
35. DATE 7-1-77		36. HOUR 5 min	
37. PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardiac arrest DUE TO OR AS A CONSEQUENCE OF (B) Myocardial ischemia CAUSE (C) Arteriosclerotic heart disease		38. APPROXIMATE INTERVAL BETWEEN DEATH AND EXAMINATION 10 years	
39. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REFERRED TO IN THE IMMEDIATE CAUSE GIVEN IN PART I Congestive heart failure		40. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
41. SPECIFY AGENT, SUICIDE OR HOMICIDE no		42. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
43. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, STREET) no		44. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
45. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) no		46. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
47. DISTANCE FROM PLACE OF DEATH TO PLACE OF INJURY (MILES) no		48. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
49. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) no		50. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
51. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO) no		52. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
53. DESCRIBE HOW INJURY OCCURRED: SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 33 no		54. DATE OF INJURY—MONTH DAY, YEAR 7-1-77	
55. STATE REGISTRAR A.		56. STATE REGISTRAR B.	
57. STATE REGISTRAR C.		58. STATE REGISTRAR D.	
59. STATE REGISTRAR E.		60. STATE REGISTRAR F.	

CERTIFIED COPY OF VITAL RECORDS

* 100004565 *

STATE OF CALIFORNIA }
COUNTY OF SAN MATEO } SS

DATE ISSUED

AUG 29 2008

WARREN SLOCOM

WARREN SLOCOM
Assessor-County Clerk-Recorder
San Mateo County

LINDA BOSCONO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder. EXHIBIT A-105

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

203. Gilbert C. Wedertz:

- a. Basis for inclusion: CMO Paragraph 3.a.
- b. Status of service: The U.S. Board of Water Commissioners lists the water right at issue as being owned by Gilbert C. Wedertz. The United States addressed its service of process accordingly. Mr. Wedertz died in 1977. Janet Huggans is Mr. Wedertz' heir and the present owner of the water rights, and attorney George Benesch has filed a Waiver of Service and Notice of Appearance on her behalf. Mr. Benesch indicates that Ms. Huggans has attempted to update the U.S. Board of Water Commissioner records without success. *See* Exhibit 203.
- c. Counsel: [Janet Huggans / Gilbert C. Wedertz]
George N. Benesch, Esq.
190 W. Huffaker Lane, Ste. 408
Reno, Nevada 89511
- d. Address for service: *see* counsel's address, above.
- e. Requested action(s): We request the Court to dismiss Gilbert C. Wedertz; substitute Janet Huggans; and find that service is complete as to Janet Huggans. We also suggest that the U.S. Board of Water Commissioners consult with Ms. Huggans' counsel and update its records regarding this water right.

204. Weiser Living Trust:

- a. Basis for inclusion: CMO Paragraph 3.a.
- b. Status of service: Robert G. Weiser, trustee of the Weiser Living Trust, has returned a signed Waiver of Service. *See* Exhibit 204.
- c. Counsel: None indicated
- d. Address for service: The Weiser Living Trust
Robert G. & Betty J. Weiser, trustees
871 Highway 208

U S BOARD OF R COMMISSIONERS
Yerkes, NV

Name: WEDERTZ, Gilbert C.
Address: P.O. Box 271 c/o Jim Hudson
Bridgeport, CA 93517 P.O. Box 597
N 59444

Page 58, Decree C-125
Trumble Lake (trib. to Virginia Creek)
Pearl Kirkwood

Index No.
Lyon County No.
CL 211
CA 219

PRIORITY	C.F.S.	ACRES	DUTY	DAYS STORAGE	ACRE FEET REQUIRED		ACRE FEET APPORTIONED	TOPAZ RES.		BRIDGEPORT RES.		TOTAL ACRES
					PER ACRE	TOTAL		ACRE FEET	ACRE FEET	ACRE FEET	ACRE FEET	
1893	.64	40.00	Pearl Kirkwood			71-3/4						52
1890	.12	7.38	Chas. W. Fulton									52
1910	.07	4.62	Chas. W. Fulton									
	.83	52.00										
TOTAL												

Water Rt. Acres 52
Non Wtr. Rt. Acres

Acres Feet Storage

Book 22, Page 83 - 8/30/46 - Charles W. Fulton to
Gilbert C. Wedertz et al.

SE 1/4 of NE 1/4, Sec. 7;
SW 1/4 of NE 1/4, S 1/4 of NW 1/4, Sec. 8;
T 2 N, R 25 E.
Frac. in SW 1/4 of SE 1/4, Sec. 33; 12 acres
T 5 N, R 25 E.

101

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>x Robert Weiser</i> <div style="float: right;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 8/31/12
Weiser Living Trust dated February 28, 2002 Robert G. and Betty J. Weiser, Trustees 871 Highway 208 Yerington, NV 89447		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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Postage	\$ 49.70
Certified Fee	\$2.25
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Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 15.00
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Sent to Weiser Living Trust	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>Darlene S. Zipwald</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>Darlene S. Zipwald</i> Date of Delivery <i>08/29/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Darlene S. Zipwald 65 Garms Circle Smith, NV 89430</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7011 1150 0002 4769 6864</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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Certified Fee	\$ 2.95	05
Return Receipt Fee (Endorsement Required)	\$ 2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	08/29/2012
Total Postage & Fees	\$ 115.00	
<p>Sent To <i>Darlene S. Zipwald</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>		
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